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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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1651
42**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | | |
|---|----------------------|------------------------|-------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/363,100 | |
| | Filing Date | July 29, 1999 | |
| | First Named Inventor | Donald A. G. Mickle | |
| | Art Unit | 1651 | |
| | Examiner Name | Vera Afremova | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | CRI-3 |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div>Remarks</div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|--------------------|
| Firm or Individual name | Madge R. Kanter |
| Signature | |
| Date | September 15, 2004 |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
|---|--|------|--|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | | | |
| Signature | | Date | |

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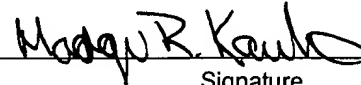
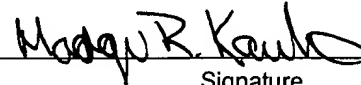
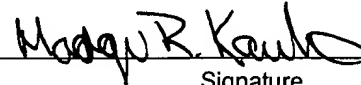
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|---|--|--|--|----------|---|----------|--|----------|--|----------|--|----------|--------------------|--|------|-----------|--------------|-----------------|------------------|-----------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) CRI-3 | | | | | | | | | | | | | | | | | | |
| In re Application of Donald Mickle et al. | | | | | | | | | | | | | | | | | | | | |
| Application Number 09/363,100 | | Filed July 29, 1999 | | | | | | | | | | | | | | | | | | |
| For Mesenchymal Stem Cell Transplantation Into Damaged Myocardium | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1651 | Examiner Vera Afremova | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$950.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1074</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,211</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tr><td>September 15, 2004</td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td>617-768-6485</td><td>Madge R. Kanter</td></tr><tr><td>Telephone Number</td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p> | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$950.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | September 15, 2004 |  | Date | Signature | 617-768-6485 | Madge R. Kanter | Telephone Number | Typed or printed name |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$950.00 | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | | | | | | | | | |
| September 15, 2004 |  | | | | | | | | | | | | | | | | | | | |
| Date | Signature | | | | | | | | | | | | | | | | | | | |
| 617-768-6485 | Madge R. Kanter | | | | | | | | | | | | | | | | | | | |
| Telephone Number | Typed or printed name | | | | | | | | | | | | | | | | | | | |

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